



GREAT LAKES UNIVERSITY OF KISUMU

STUDENT ENTRANCE MEDICAL EXAMINATION FORM

REGISTRATION NO: _____

IMPORTANT

Students are requested to complete part I of this form. The Medical Officer examining the student should complete part II. The duly completed form should be should be submitted during the registration.

NOTE: A chest X-ray may be required if the doctor examines a student and feels that it is necessary. The film should be given to the student to bring to the University Medical Officer during the registration period.

PART I

(a) Surname: _____ Other Names _____

Date and Place of Birth _____ Gender _____

Nationality _____ County _____

Faculty _____

Religion _____ Single/Married _____

Name, Addresses and Telephone number of Parent/Guardian/Sponsor

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Have you ever been admitted into a hospital?

If so, state reason for admission and date:

Have you had any of the following illnesses?

Tuberculosis or other chest infection Yes/No

Fits, Nervous disease or fainting Attacks Yes/No

Heart disease or rheumatic fever Yes/No

Heart disease or rheumatic fever	Yes/No
Any disease of genitor-urinary system	Yes/No
Allergies to food or drug	Yes/No
Malaria	Yes/No
Sexually transmitted disease	Yes/No

If the answer to any of the above is yes, please give details with dates.

If there are any other relevant details of your medical history not covered by the above, please give particulars.

Has any member of your family suffered from:

- (i) Tuberculosis Yes/No
- (ii) Insanity or mental illness Yes/No
- (iii) Diabetes Mellitus Yes/No

If the answer to any of the above is yes, please give details with dates.

Have you been immunized against any of the following diseases:-

- (i) Small pox Yes/No _____ Date _____
- (ii) Tetanus Yes/No _____ Date _____
- (iii) Poliomyelitis Yes/No _____ Date _____
- (iv) Covid 19 Yes/No _____ Date _____

Signature of student _____ **Date** _____

PART II (To be completed by the examining Medical Officer)

(a) Height _____ Weight _____

(b) Visual Acuity

Without Glasses R.6/ L.6/

With Glasses R.6/ L.6/

(c) Hearing Right Ear Left Ear

(d) Condition of: Teeth _____

Nose _____

Throat _____

(e) Lymphatic Glands _____

Circulatory System _____

Blood pressure _____ Pulse _____

Systolic _____ Diastolic _____

(f) Respiratory system _____

X-ray chest if necessary _____

(g) Abdomen _____

Spleen _____

Any Evidence of Hernia _____

Blood Khan Test _____

(h) Urine _____ Albumin _____ Sugar _____

(i) Any observation defects in addition to general record of observation. _____

Blood Khan Test _____

(j) Any other observation of importance _____

Name of Examining Doctor _____

Date _____ Signature _____

Address _____ Rubber stamp _____

PART III (*To be completed at the University*)

SPECIAL REMARKS

Fit/Unfit for University Education _____

Is/is not on treatment at present _____

Date _____ Signature _____

MEDICAL OFFICER
GREAT LAKES UNIVERSITY OF KISUMU